

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/937238	FILING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2						52	
3	1					53	
4	0					54	
5	0					55	
6	0					56	
7	0					57	
8	0					58	
9						59	
10	1					60	
11						61	
12						62	
13						63	
14	1					64	
15						65	
16						66	
17						67	
18						68	
19						69	
20						70	
21						71	
22						72	
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30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.		3				TOTAL IND.	
TOTAL DEP.		1				TOTAL DEP.	
TOTAL CLAIMS		10				TOTAL CLAIMS	